| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|---|--|--|--|--|--|
| (1) SA/VADOR BANGO | OFFICE USE ONLY | | | | | |
| Name () () () () | | | | | | |
| Address (number and street) | | | | | | |
| AIA/EAA , F1. 3301 | <u> </u> | | | | | |
| City, State, Zip Code | | | | | | |
| ☐ Check here if address has changed | (3) ID Number: | | | | | |
| (4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) . ☐ Check here if PC or ECO has disbanded ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed | | | | | | |
| (5) Report | Identifiers | | | | | |
| Cover Period: From 7/0/12/ To | $\frac{1}{4}$ $\frac{31}{2}$ Report Type: $\frac{7}{2}$ | | | | | |
| ☐ Original ☑ Amendment ☐ Spe | cial Election Report | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash & Checks \$, | Monetary Expenditures \$, 5,40. 100 | | | | | |
| Loans \$,, | Transfers to Office Account \$,, | | | | | |
| Total Monetary \$,, | Total Monetary \$, 5,40./100 | | | | | |
| In-Kind \$,, | | | | | | |
| | (8) Other Distributions \$, , | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, | (10) TOTAL Monetary Expenditures To Date \$,, | | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| I certify that I have examined this report and it is true, correct, and complete: | | | | | | |
| (Type name) SA/CADOR B/ANCO (Type name) SA/CADOR B/ANCO | | | | | | |
| ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.) | Chairperson (only for PC and PTY) | | | | | |
| | in h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | |
| X Signature | X Signature | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u>SAIMOBR BANSO</u> (2) I.D. Number

(3) Cover Period 7/01/21 through 7/31/21 (4) Page 1 of 1

| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) |
|-----------------|--|---|--------------------------|----------------------|------------------------|-----------|--------|
| (6) Sequence | (Last, Suffix, First, Middle) Street Address & | l | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 7,06,21 | City, State, Zip Code JAINADOR BLANGE 3846WIODE HJASEAPLL 33012 | 5 | TV Peoree | CHE | | | 1,000% |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name | AMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES 4 # 35 PM (2) I.D. Number | | | | | | | | |
|------------------------------|--|--|----------------------------|----------------|-------------|--|--|--|--|
| (3) Cover Period | d <u> </u> | 31,2/ | 4) Page | <u></u> | 1 | | | | |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount | | | | |
| 07/12/21 1 | CITY OF FIALEAH SOI TAIM FUE, 33010 HAIEAN, | Ovali Fynce Fee | CAN | | 100% | | | | |
| 07/12/21 | CITY OF HIALEAH C. 501 PAIM -AUE 1-IMEAK Fl. 33010 | detion, designent tel | QAN | | 140° | | | | |
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